

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**89/589870**

FILING DATE  
**6-5-00**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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41		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.	83					
TOTAL CLAIMS	87					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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63		1				
64		1				
65		22				
66	1					
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY